

Spotlight

Mayor's Office
for Senior Citizens

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Human Services
Department

WINTER 2004

Live Longer, Live Stronger, By Walking

By Mayor Greg Nickels

Sharon and I enjoy walking. We walk to neighborhood restaurants, to the movie theater and to the beach. We take long brisk walks on weekends. In recent years, we have trained for and completed marathon walks in Seattle and Vancouver. In addition to getting fresh air and exercise, we enjoy the sights and sounds of the city — arts, culture, history, urban development, nature — and time together.

We enjoy miles of walking routes, woods, beaches, and viewpoints along Seattle's Olmsted Parks system and landscaped boulevards which intertwine throughout the city. The Burke Gilman Trail, which runs from Ballard all the way to Redmond, is easy to get to, flat and comfortable to walk. Seattle's historic neighborhoods also offer a wealth of walking and learning opportunities.

More importantly, walking is good for our physical and mental health. Increased physical activity can improve the quality of life for every person, including seniors and persons with disabilities, whether they are already active or sedentary.

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*Family friend
Sylvia Kawabata
(right) inspired
Greg and Sharon
Nickels to train
for and complete
the 2002 Seattle
Marathon.*

Resources

Arts and Culture Walks
Walking maps for Ballard,
Downtown, Georgetown,
and the University District
www.seattle.gov/arts/publications/publicart/walkingtours/

Friends of Olmsted Parks
www.seattle.gov/friendsofolmstedparks/

Historic District Walks
Walking maps and narratives of
historic Ballard, International
District, Pioneer Square, Colum-
bia City, and Pike Place Market
[www.seattle.gov/tour/
HistoricDistricts/index.htm](http://www.seattle.gov/tour/HistoricDistricts/index.htm)

Mayor's Neighborhood Walks
www.seattle.gov/mayor/walk.htm

Seattle Parks and Recreation
Senior Adults Programs
(206) 684-4951
[www.cityofseattle.net/parks/
Seniors/index.htm](http://www.cityofseattle.net/parks/Seniors/index.htm)

Free Internet access is available
at Neighborhood Service Centers
and Seattle Public Library
facilities throughout Seattle.

Live Longer, Live Stronger, By Walking

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According to the American Heart Association, brisk walking and activities that include walking can help reduce high blood pressure, diabetes and obesity. Walking can decrease body fat and increase levels of HDL, the "good cholesterol." Regular exercise also significantly reduces the risk of heart disease and relieves the symptoms of arthritis.

In my administration, we emphasize measurable results. Walking for just 30 minutes a day produces measurable benefits, especially among those who traditionally are least active.

The Census Bureau tells us that walking is the most popular form of recreation among people 65 and older, yet few seniors walk on a regular basis. I'd like to see that change.

Seattle Parks and Recreation offers Sound Steps, a four-month summer neighborhood-based walking program for mature adults. Four City of Seattle departments — Human Services, Transportation, Neighborhoods and Planning and Development — are promoting "walkable" neighborhoods in a variety of ways. For more information on any of these initiatives, please contact the Mayor's Office for Senior Citizens at 206-684-0500.

Sharon and I started walking in our late 40's. We will continue as long as we are able — not only because we enjoy it, but because we know that we will live longer and live stronger as a result.

Holiday Events

30th ANNUAL SENIOR HOLIDAY BALL Monday, December 6

Seniors from throughout Seattle and King County are invited to enjoy the sounds of the Seattle Swing Band. Admission is free, but food bank donations are welcome.

Time: 1 – 4 p.m.

Place: Seattle Center House
305 Harrison St.

For more information, call the Mayor's Office for Senior Citizens at 206-684-0500.

HOLIDAY PARTY LUNCHEON Friday, December 10

Celebrate the season with the staff of Seattle Parks and Recreation Senior Adults Programs, who will serve up a delicious, traditional holiday feast. Eat, drink and be merry while socializing with mature adults from throughout Seattle. Cost is \$7.50 per person. Please bring a white elephant gift for a gift exchange (\$5 maximum value).

Time: 11:30 a.m.–1:30 p.m.

Place: Queen Anne Community Center
1901 1st Avenue West

Limited transportation is available from Meadowbrook, Bitter Lake, Ballard, Hiawatha, Jefferson, Garfield, and Miller community centers as well as lower Woodland Park. For more information, call Senior Adults Programs at 206-684-4951.

MAYOR'S OFFICE FOR SENIOR CITIZENS HOLIDAY OPEN HOUSE Thursday, December 16

Mayor Greg Nickels and the staff at the Mayor's Office for Senior Citizens invite you to this annual holiday open house. Celebrate the season and learn more about services available to older adults and persons with disabilities. Light refreshments will be served.

Time: 2 – 4 p.m.

Place: Alaska Building, Suite 250
618 2nd Avenue

For more information, call the Mayor's Office for Senior Citizens at 206-684-0500.

Parks Department Offers Fitness Opportunities

By Stacie Sheridan, Seattle Parks and Recreation

For the past 30 years, Seattle Parks and Recreation has offered a variety of fitness options for older adults. Parks' Senior Adults Programs offer a diverse selection of high quality, accessible fitness programs for adults 55 and older.



Seniors participate in early morning exercises at Ballard Community Center.

Connie Horner, who was raised in Roslyn, Washington, has always been physically active. In her younger days, she walked to Cle Elum and back every Saturday night. For the last 20 years, she has been involved in a variety of fitness programs offered through Senior Adults Programs. Every Monday and Thursday morning, Connie makes her way to the Ravenna-Eckstein Community Center for her classes.

"The classes loosen me up and make my 90 year old body more pliable," said Connie. "I love the dance classes the most. I dance in the aisles of grocery stores when a good song comes on."

"When I found the dance aerobics class back in 1981, I was excited because I got the chance to dance and to socialize with all the people in the class and have fun," Connie continued. "If you are not active, your body goes to pot. There are many days that I don't want to move, but I force myself to my fitness classes. It's not good for the body to lie dormant, especially at my age."

Erma Lee, a participant in Senior Adults Programs classes at Bitter Lake Community Center, added: "I appreciate being guided through safe and appropriate exercises that help me physically, mentally and emotionally. The senior exercise programs are the best and the staff is amazingly friendly. Since I am the steward of my body, I exercise to stay healthy. I save money by taking classes through the Parks department."

There are six Recreation Program Specialists who develop Senior Adults Programs for Seattle Parks and Recreation. They understand the health challenges that affect many older adults, including arthritis, asthma, and balance problems. There are numerous choices for people who want to get active and the classes are designed specifically for senior adults.

Classes include low impact aerobics, circuit training (cardiovascular work out and muscle strengthening), sports, including pickle ball, soccer and track and field. Qualified recreation specialists develop these quality programs for different levels of ability and interest. Lifetime Fitness is a new option at several sites.

Senior Adults Programs fitness classes are located in most community centers in Seattle. For more information, call (206) 684-4950 or go to www.seattle.gov/parks/seniors/index.htm on the Web.

Senior Advocates Provide Wide Range of Information and Assistance

By Cynthia Ellison, Mayor's Office for Senior Citizens

"I need help paying my utility bills. Where can I get assistance?"

"My children work during the day when I have doctors' appointments. How am I going to get there?"

"I live alone and I need help with yard maintenance. What can I do?"

Senior Advocates in the Mayor's Office for Senior Citizens have answers to these questions and more.

Jenn Bowman and Debbie Hugh are the new Senior Advocates at the Mayor's Office for Senior Citizens. They are employed by Senior Services of Seattle/King County and assigned to this office. We are fortunate to have their reliable assistance with information and referrals.

Jenn and Debbie know how to help people in need. Their past work experiences have given them a lot of skills in assisting persons with multiple needs and providing referrals at a moments notice.

Senior Advocates receive many calls and walk-in clients throughout the day. Older adults may need assistance with housing, health care, transportation, nutrition and senior rights issues. Some need referrals for a podiatrist, money for new eyeglasses, and information about living wills. Extensive lists of community resources in the Senior Services database assist Jenn and Debbie in making referrals to seniors.

"Sometimes I am amazed at the variety of questions I receive and how much assistance seniors need," said Debbie. "Jenn and I work closely together and follow up with our clients to make sure they receive the services they need."

Besides working with the seniors, the advocates also receive assistance from or make referrals to community-based organizations such as Asian Counseling and Referral Services and SeaMar, as well as internal services such as Aging and Disability Services Case Management.

"I really appreciate working at the Mayor's Office for Senior Citizens because we have many resources right here," said Jenn. "I am able to refer people who need assistance with their utility bills to the Utility Assistance Program. I can refer people who want to work to the Age 55+ Employment Resource Center. Seniors who

want to stay active in the community or learn about volunteering are referred to the Volunteer Matching Program or Intergenerational Dialogues in the Mayor's Office for Senior Citizens."


Senior Advocates address a wide range of problems and needs.



Jenn (left) and Debbie search for information for a client.

Jenn remembers assisting one client with a monthly income of \$1,000. She needed to cover rent, utility bills, prescription drugs, food and other bills each month. Her rent was \$700 and prescription drugs cost \$250. That left \$50 for everything else. "It was a challenge helping her, but I was able to find all the resources that she needed," said Jenn.

One call can provide easy access to a lot of services for seniors and those who care for them. Senior Advocates offer confidential, one-stop and easy access to community resources. For more information, call (206) 684-0500 or go to www.seattle.gov/humanservices/mosc/ on the Web.



A Tour Through My Dream World

By Will Parry, Puget Sound Alliance for Retired Americans



In this dream world I live in, everybody on Medicare gets the same drug discount card, it's free, and it's good for a lifetime.

In the real world, we're confronted with choosing among 73 cards; we pay up to \$30 for the card that you select each year; and discount card program terminates at the end of 2005.

In my dream world, the one discount drug card is administered by one nonprofit government agency — Medicare.

In the real world, the 73 cards are administered by 73 profit-hungry entities — a who's who of the insurance industry — each scrambling for a piece of the action.

In my dream world, Medicare uses the clout of 41 million beneficiaries to negotiate Canada-level prices for every prescription drug a beneficiary might need.

In the real world, each of the 73 profit making cards negotiates discounts, too, with selected drug companies. Unfortunately, nobody's going to know what those discounts are, or what part of those discounts (if any) is passed along to beneficiaries.

In my dream world, the price of each drug is not only as low as Medicare can squeeze it; it's also a stable and predictable price.

In the real world, the 73 profit-making entities can change prices twice a day if they find it helpful in maximizing their bottom lines.

In my dream world, Medicare has established a fixed and inclusive formulary, so that we know our medications are going to be there for us.

In the real world, each of the 73 profit-making entities has its own formulary, subject to change from week to week, leaving us wondering whether and when we'll be left high and dry.

In my dream world, Medicare has ended once and for all the power of drug companies to jack up prices at two and three times the rate of inflation.

In the real world, the General Accounting Office has been solemnly requested to monitor drug prices, and AARP has appealed to the manufacturers to please limit their price hikes to the inflation rate.

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A Tour Through My Dream World

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In my dream world, the physician and the patient determine what medications are to be prescribed with neither party being influenced by glossy drug ads, which have been outlawed. The thousands of slick “detail men,” hired by drug companies to pitch drugs to doctors in their offices, have been fired and put to honest work filling potholes.

In the real world, the drug ads and the drug detail men proliferate unchecked.

In my dream world, the drug lobbyists who infest state and national capitols are limited to no more than one for each lobbyist representing organized labor and consumers.

In the real world, there's no limit to the number of lobbyists — or to their expense accounts.

In my dream world, we have a Congress with brains and integrity enough to enact a common sense prescription drug plan, built right into Medicare. The physical and pocketbook health of the beneficiaries is given priority over the greed of the drug companies, the pharmacy benefit managers, the HMOs and the insurance industry. We have a president with compassion enough to sign the bill into law.

In the real world, we've got a convoluted 681-page monstrosity that our un-elected president is trying to pass off as a compassionate legislative triumph.

There's only one patriotic and responsible course of action — to roll up our political sleeves and keep hammering away until the real world looks a whole lot more like my dream world.



A similar story was originally published in The Retiree Advocate, a publication of the Puget Sound Alliance for Retired Americans, in April 2004.

National Health Disparities

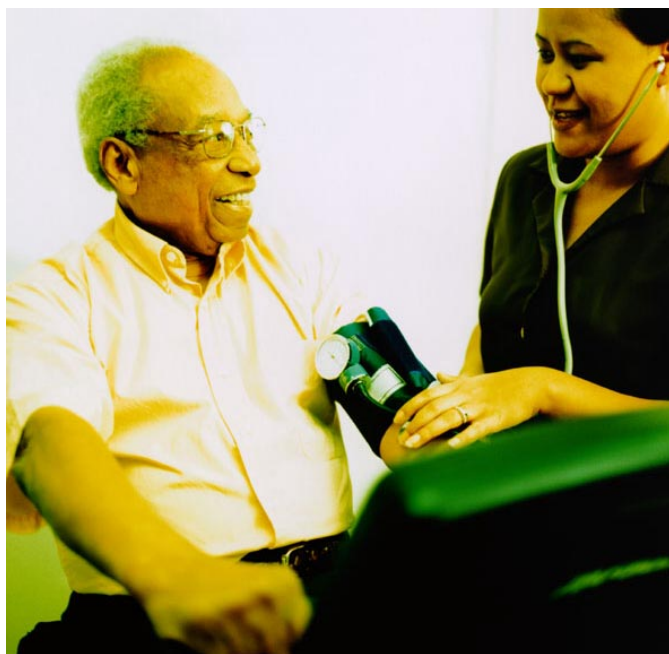
Compared to white Americans:

- Infant mortality is 2-1/2 times higher among African Americans and 1-1/2 times higher among Native Americans
- Prostate cancer is two times higher among African Americans.
- Cervical cancer is five times higher in Vietnamese women.
- Stomach cancer is two to three times higher among Latinos.
- Colorectal cancer is higher among African Americans, and increasing among African American men.
- African American women are more likely to die from breast cancer, even though the disease is more prevalent among white Americans.
- Heart disease is two times higher among African American men.
- Hypertension is higher among African Americans.
- Strokes are higher among African Americans.
- Diabetes is nearly three times higher among Native Americans and 70 percent higher among African Americans.

Racial and Ethnic Minorities Experience Health Disparities

By Cynthia Ellison, Mayor's Office for Senior Citizens

Despite the steady improvements in the overall health of people in the United States, recent studies by national groups such as the American Medical Association show that racial and ethnic minorities experience higher rates of morbidity and mortality than non-minorities.



The Washington State Board of Health describes health disparities as the disproportionate burden of disease, disability and death among a particular population or group when compared to White persons or the total population.

Racial and ethnic health disparities are complex and not very well understood but are likely to be due to a combination of socioeconomic factors, health-related behaviors, exposure to environmental hazards, direct and indirect discrimination (Institute of Medicine, 2003). Unpleasant social, economic, and environmental factors are known to unreasonably affect persons of color to a greater extent than the white majority. High poverty and unemployment, along with poor housing, schools and neighborhoods are factors that can increase personal/family stress and limit access to many necessities. Such necessities

include affordable and wholesome food; good housing; amenities such as parks that are safe and free of crime; and access to health care services. Personal lifestyle choices also play an important role with respect to health status and often dominate the negative social and economic factors mentioned earlier.

For example, people living in high poverty or high crime neighborhoods are less likely to be physically active because they do not feel safe walking in their neighborhood. Neighborhoods with a lower income base may be more dominated by small convenience stores which make more money by promoting alcohol and tobacco products than selling fresh fruit or vegetables at an affordable price. Persons who are unemployed or who have low paying jobs may also be under a lot of stress to just make ends meet and, therefore, cannot move to more "healthy environments" due to housing affordability issues.

All of these factors negatively influence general access to health care, and quality of care and treatment, due to lack of health insurance or poorer, more restrictive insurance options (e.g., the patient may have health insurance but is required to pay a high co-pay or deductible). Economic factors can also limit the convenience of health care services directly with respect to location of services or indirectly through limited transportation options.

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Racial and Ethnic Minorities Experience Health Disparities

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Patient behavior in seeking care may also be negatively affected by linguistic barriers, distrust in health care providers or the health care system in general, and in some cases due to cultural beliefs. The cultural competence of a particular provider or health care organization depends on the degree to which services are provided — both understanding and respectful of the patient's cultural and linguistic background and needs.

Having a diverse health care staff is important since it helps to ensure an environment that is both more welcoming to persons of different cultural backgrounds, but also in many cases for persons who are limited English speakers. It helps establish better communication by having staff that are able to directly understand the patient in his/her own language rather than through an intermediary.

A case study on racial and ethnic discrimination in health care settings prepared by Public Health—Seattle & King County performed random surveys of King County residents. Experiences ranged from incidents of differential treatment to rude behavior and racial slurs. The events reported occurred in 30 facilities, both public and private, located throughout King County.

Most respondents did not expect disrespectful treatment, were surprised by the incidents and considered the personal impact to be very severe. Many respondents had more than one story. Most of the events reported were recent. All events were perceived to be racially motivated. Examples of reported experiences included the following remarks:

- “He treated the Caucasian woman better and differently.”
- “The radiologist made a couple of crude remarks, like I was dumb.”
- “I know you shoot dope,” a nurse was reported to have accused one of the respondents.
- “You people accepted pain as part of slavery

because you tolerate pain so well,” said a nurse to a respondent who, before having a breast biopsy, requested a sedative due to a low tolerance for pain.

Throughout Washington state, people with low incomes and those dependent on publicly-funded health care are finding it more difficult to maintain primary care. A recent east King County survey found that 48 percent of primary care physicians are not accepting new Medicare patients and 51 percent are not accepting any new Medicaid patients.

What can be done to reduce health disparities? “In the aging network we are working with Public Health to define effective interventions,” said Pam Piering, Seattle Human Services Department's Aging and Disability Services director. “We will target funding for these efforts to those who serve clients whose health has been impacted by social and institutional discrimination.”

To eliminate health disparities, a broad and intensive plan must be in place to seriously address socioeconomic inequality; concentrated poverty in many racial and ethnic minority communities; inequitable and segregated housing; educational facilities; individual behavioral risk factors; as well as unequal access to and use of healthcare services.

Public Health—Seattle & King County recommends the following remedial actions:

Train all health care providers and support staff in cultural competency:

- Incorporate cultural competency measures in individual performance evaluations.
- Periodically evaluate training to improve effectiveness.
- Provide accurate cultural and ethnic heritage information of clients, in a respectful manner, when this information is a necessary component of quality service.

Change institutional policies in order to:

- Maintain a non-discriminatory workplace.
- Assure a diverse workforce at all levels.

- Promote awareness among consumers regarding rights and grievance processes.
- Require subcontractors to report on racial and ethnic background.

Continue studies that will contribute to eliminating discrimination by:

- Routinely collecting information on race and ethnic background.
- Monitoring and reporting differential treatment.

- Examining and reporting experiences of other racial and ethnic groups.

More information on health disparities from the reports mentioned in this article can be found on the Internet:

- www.metrokc.gov/HEALTH/reports/discriminationinhealthcare.pdf
- www.doh.wa.gov/sboh/Priorities/Disparities/2001_HD_Report.pdf
- www.nap.edu/books/030908265X/html/



Golden Pets for Your Golden Years

If you hold a Gold Card for Healthy Aging or a FLASH Card, you are now eligible to adopt a dog or cat aged six

years or older from the Seattle Animal Shelter — free of charge — and receive a 50% discount on a pet license.

Golden Pets for Golden Years is a new program that benefits residents of greater Seattle who are 60 years of age or older, making them eligible for the Gold Card, as well as adults with disabilities who are eligible for the FLASH Card.

In announcing the program, Mayor Greg Nickels said, “Golden Pets for Golden Years helps our shelter place animals in loving homes, and it offers Gold and FLASH Card holders the opportunity to bring a sparkling companion into their lives.”

For many people, adopting an adult cat or dog is the right thing to do. Adult cats and dogs are usually socialized with people and other pets, they have been house trained, and they usually have more mellow temperaments, according to Shelter Manager Don Jordan.

“Numerous studies have shown having a pet as an integral part of the family unit helps pet owners lead longer and happier lives,” Jordan said.

Adopting a cat or dog also saves that animal from unnecessary euthanasia and is a tremendous value to the pet owner. With the 50% discount, a

two-year cat license costs only \$11, and a two-year dog license costs \$15. Free adoption saves cardholders \$50–95, and includes current vaccinations, deworming, feline leukemia testing, a certificate for a free exam at a local veterinary clinic, spay or neuter, and a microchip that shelters use to “scan” a lost animal and retrieve owner records.

“The Gold Card and FLASH Card are important resources for our seniors and citizens with disabilities,” said Mayor Nickels. “It’s Seattle’s way of making life a little easier.”

The card programs are part of a campaign to promote health and access to services by publicizing toll-free assistance telephone numbers. Cardholders can also use the cards to register for services and programs, and as library cards at Seattle Public Libraries.

Eligible residents of greater Seattle can obtain the Gold or FLASH cards at any of the 13 Neighborhood Service Centers; the Mayor’s Office for Senior Citizens; and the Seattle Animal Shelter (2061 15th Ave W).

For more information about Gold and FLASH cards, call the Mayor’s Office for Senior Citizens at (206) 684-0500 or go to www.seattle.gov/humanservices/mosc/ on the Web.

For more information about Golden Pets for Golden Years, call (206) 386-PETS (7387) or go to www.seattleanimalshelter.org on the Web.

Alcohol — Good For What Ails You or a Hidden Epidemic?

by Connie Wurm, Evergreen Healthcare



Almost monthly, you hear on the news that yet another researcher has reported that “moderate alcohol consumption has been shown to enhance health,” or words to that effect. Many of my geriatric clients tell me that their doctor said a glass of wine a day is good for them — good for their heart, their health, their nerves, as a sleep aid, or fill in the blank. With all this positive research and medical recommendation, why is the geriatric mental health and substance abuse community concerned about elders and alcohol?

Let’s start with some facts. Approximately 60 percent of all people over 60 are considered teetotalers (one drink per year or less). Another 20 percent drink moderately (never more than one or two drinks on any day or occasion). However, six percent abuse alcohol and four percent are physiologically dependent on alcohol — these are the people we see in hospitals, nursing homes, emergency rooms and treatment centers. Based on these numbers, one in 10 seniors has a problem with alcohol.

The biggest health concern for folks 60 and over is the abuse and misuse of alcohol with prescription and over-the-counter medications.

In 2002, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) issued new standards for safe alcohol consumption for younger and older adults.

Maximum for healthy adults under 60:

- Men — no more than two standard drinks a day. Four drinks is considered binge drinking.
- Women — no more than one standard drink, five times per week (new in 2004).

Maximum for healthy adults over 60:

- Men — one standard drink, seven times per week.
- Women — one standard drink, five times per week.

What is a standard drink?

- 12 oz beer
- 5 oz wine
- 4 oz aperitif (Kahlua, crème de menthe, Bailey’s, sherry, etc.)
- 1½ oz hard liquor

Why are the amounts so low for women and older adults? Because women metabolize alcohol differently than men, resulting in higher blood alcohol levels for longer periods of time. A similar result is true for elders because of reduced water in our bodies, slower metabolism, and other physical changes as we age. Lots of folks over 60 (dubbed the Cocktails and Cadillac Generation by some) have enjoyed two cocktails before

dinner since 1933, when prohibition ended in most, but not all of the United States. Many elders think they can continue to have two daily cocktails safely.

Who should not consume even one drink a day?

You should not consume alcohol if you have:

- Sleep disorder — alcohol can help you fall asleep but it interrupts the sleep cycle, causing early or frequent waking, and it can further aggravate a sleep disorder
- Diabetes
- High blood pressure
- Depression or anxiety — alcohol exacerbates both these conditions and renders anti-depressant medication inert. If alcohol is coupled with anti-anxiety medication, it can cause extreme reactions, including death
- Heart disease
- Anti-seizure medications, mood stabilizers and/or anti-psychotic medications
- Balance problems — alcohol increases the likelihood of falls, concussions and broken hips.
- Memory or other cognitive impairments

The last group is the most difficult group to convince not to consume alcohol. Is it because alcohol, which lowers inhibitions, alleviates the fear, anxiety or discomfort associated with cognitive ability loss? Is it because they can't remember that they've just had two, three, four drinks? There isn't much research in this area. One obvious reason is that we can't ask dementia patients to drink different amounts of alcohol so we can study results. In these cases, it is up to family, friends and professionals to keep alcohol out of reach.

What is a practical approach to alcohol use?

Based on the caveats and concerns above, here is a practical approach to alcohol consumption:

- If you are a healthy adult, not taking prescriptions and over-the-counter medica-

tions, and physically fit, then one standard drink per day may be beneficial to you. It can benefit your heart and arteries by relaxing muscles, and alcohol works as a solvent to melt fatty deposits along artery walls. This is not to take the place of the pharmaceutical drug Lipitor! It may relax you so that you are more sociable at a family or other social gathering.

- If you were never a drinker, you should not start drinking now for health benefits. Experts agree that the risks associated with drinking outweigh the benefits, so if you don't drink alcohol, don't start.

If you consume two, three, four or more standard drinks daily and you find you can't limit yourself to the recommended one per day, what can you do?

- Talk to your doctor. There are programs and medications available to help.
- Call the intake specialist at any alcohol treatment program (e.g., Highline Hospital, Fairfax Hospital, Ballard-Swedish, Residence XII).
- Talk to your minister, rabbi or priest. Recovery is often a spiritual issue.

If you know someone who is prone to falls or driving accidents or whose health is declining due to alcohol or illicit drug use, talk to this person about going to a doctor for help; provide this article as an informational resource; and educate family and friends about NIAAA's recommendations for safe drinking levels for folks over age 60.

If all this fails, call Senior Information & Assistance at (206) 448-3110 or the 24-Hour Drug & Alcohol Help Line at (206)-722-3700 for referrals to appropriate services.

Connie Wurm, MC, GMHS is a Geriatric Mental Health Specialist with Evergreen Healthcare's Geriatric Regional Assessment Team. She holds a master's degree in counseling and a certificate in addiction studies from Seattle University, and works as a family caregiver counselor and a substance abuse counselor.

Get Connected!

Registration is now open for Seniors Training Seniors in Computer Basics and other computer classes. Volunteer instructors are also needed.

For more information, call Patti-lyn Bell, Mayor's Office for Senior Citizens, at (206) 684-0639, send e-mail to patricia.bell@seattle.gov, or go to www.cityofseattle.net/tech/seniors/srtraining.htm on the Web.

*At the Southeast
Seattle Senior
Center, Frances
Ikeda helps Roland
Lane learn new
computer skills
while James Brown
encourages
Thirston Jenious
and Franklin
Mayco.*



Mayor's Office for Senior Citizens
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Read the latest edition of "Spotlight," the Mayor's Office for Senior Citizens' newsletter. In the winter issue:

- Live longer, live stronger, by walking
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- Senior advocates provide information and assistance
- A tour through my dream world
- Minorities experience health disparities
- Alcohol — good for what ails you or a hidden epidemic?

Spotlight

is published three times a year by the Mayor's Office for Senior Citizens.

The Mayor's Office for Senior Citizens, part of Seattle/King County Aging and Disability Services and the Seattle Human Services Department, complies with all federal, state, and local laws prohibiting discrimination.

Accommodations for persons with disabilities will be provided upon request.

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